



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
BOARD OF PHARMACY
665 MAINSTREAM DRIVE
NASHVILLE, TENNESSEE 37243
TELEPHONE: (615) 741-2718, FAX: (615) 741-2722
www.health.state.tn.us/boards/pharmacy

**PHARMACIST/PHARMACY TECHNICIAN
ADDRESS/NAME CHANGE FORM**

- ☐ Technician
☐ Pharmacist

PRINT OLD NAME _____

LICENSE/REGISTRATION NUMBER _____

NEW NAME _____

(Please provide a copy of marriage license or copy of court documents showing name changed and signed by the judge.)

NEW PRACTICE SITE

NAME OF NEW EMPLOYER _____
(Please Include License # If Applicable)

STREET, APT # _____

CITY, STATE, ZIP CODE _____

PHONE NUMBER _____ (_____) _____

NEW MAILING ADDRESS

STREET, APT # _____

CITY, STATE _____

NEW PHONE NUMBER _____ (_____) _____

MAIL, EMAIL, OR FAX TO:

Tennessee Board of Pharmacy
665 Mainstream Drive
Nashville, TN 37243
Fax Number (615)-741-2722
pharmacyhealth@tn.gov